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K-46055

## DECLARATION OF FACT OF DEATH OF TRUSTEE

I, LEON ETCHEVERS, declare:

I am over the age of 18 years and am the successor Trustee of The Etchevers Trust;

Attached hereto is a certified copy of the Certificate of Death of JEAN ETCHEVERS, deceased.

The decedent named in the Certificate of Death is the same person as JEAN ETCHEVERS named as the trustee of The Etchevers Trust in the Quitclaim Deed dated January 24, 1990, executed by JEAN ETCHEVERS, to The Etchevers Trust, JEAN ETCHEVERS, Trustee, and recorded on February 12, 1990, Volume M90, Page 2836 of the Official Records of Klamath County, Oregon as Instrument Number 11258, concerning the real property located in the County of Klamath, Oregon, and described as follows:

The Northeast one quarter Section 13, Township 40 South, Range 9' East of the Willamette Meridian, Klamath County, Oregon, excepting therefrom any portion thereof lying with the boundaries of any road, highways, ditches or lateral, being 39 acres more or less.

Commonly known as Route 1, <sup>14350</sup> Box ~~658~~, Matney Road, Klamath Falls, Oregon

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 8-29-94

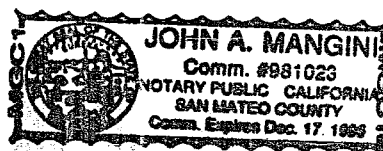
Leon Etchevers  
LEON ETCHEVERS

STATE OF CALIFORNIA )  
 )  
COUNTY OF SAN MATEO )

On August 29, 1994, before me, JOHN A. MANGINI, a notary public, personally appeared LECN ETCHEVERS, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

In witness whereof, I hereunto set my hand and official seal.

*John A. Mangini*



# COUNTY of SANTA CLARA

HEALTH DEPARTMENT  
2220 MC ORPARK AVE., SAN JOSE, CALIFORNIA 95128

29659

## CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JEAN</b>	1B. MIDDLE <b>ETCHEVERS</b>	2A. DATE OF DEATH—MO. DAY, YR. <b>JANUARY 18, 1992</b>	2B. HOUR <b>2320</b>
4. RACE <b>White</b>	5. H. SPARK—SPECIFY <b>NO</b>	6. DATE OF BIRTH—MO. DAY, YR. <b>Dec. 5, 1934</b>	7. AGE IN YEARS <b>58</b>
8. STATE OF BIRTH <b>France</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10A. FULL NAME OF FATHER <b>Gratien Etchevers</b>	10B. STATE OF BIRTH <b>France</b>
12. MILITARY SERVICE? <b>19 TO 19 [X] NONE</b>	13. SOCIAL SECURITY NO. <b>542-38-9267</b>	14. MARITAL STATUS <b>Widowed</b>	15. NAME OF SURVIVING SPOUSE OR WIFE, ENTER MAIDEN NAME <b>Jeanne Marie Irissarri Franco</b>
16A. USUAL OCCUPATION <b>Gardener</b>	16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>Landscaper</b>	16C. USUAL EMPLOYER <b>Self</b>	16D. YEARS IN OCCUPATION <b>20</b>
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>1246 Altschul</b>	18B. CITY <b>Menlo Park</b>	18C. ZIP CODE <b>94025</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Leon Etchevers Brother 919 Cambridge Rd. Redwood City, CA 94061</b>
19A. PLACE OF DEATH <b>STANFORD MEDICAL CENTER</b>	19B. IF HOSPITAL, SPECIFY ONE (IP, ER, OR LOA) <b>IP</b>	19C. COUNTY <b>SANTA CLARA</b>	22. WAS DEATH REFERRED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
12. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>300 PASTEUR DRIVE</b>	19E. CITY <b>STANFORD</b>	23. WASopsy PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) RESPIRATORY FAILURE</b>	25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>(B) PLEURAL EFFUSION</b>	26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE <b>(C) END-STAGE, REFRACTORY LYMPHOMA</b>	27. DATE SIGNED <b>1/20/92</b>
27A. DECEASED ATTENDED SINCE DECEASED LAST SEEN ALIVE <b>01/16/92</b>	27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>DR. G. CHU</b>	27C. CERTIFIER'S LICENSE NUMBER <b>6071440</b>	27D. DATE SIGNED <b>1/20/92</b>
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined <b>NATURAL</b>	30A. PLACE OF INJURY <b>300 PASTEUR DRIVE STANFORD CA 94305</b>	30B. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	30C. DATE OF INJURY <b>1-24-92</b>
32. LOCATION (STREET AND NUMBER OR LOCATION) <b>NO CITY</b>	33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)	34C. DATE <b>1-24-92</b>	35A. SIGNATURE OF EMBALMER <b>Stephen A. Coray M.D.</b>
34A. DISPOSITION(S) <b>Burial</b>	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>Holy Cross Cem Colma, CA</b>	35B. LICENSE NUMBER <b>6112</b>	36. REGISTRATION DATE <b>JAN 21 1992</b>
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>O'Connor Menlo Colonial</b>	36B. LICENSE NO. <b>902</b>	37. SIGNATURE OF LOCAL REGISTRAR <b>Stephen A. Coray M.D.</b>	38. REGISTRATION DATE <b>JAN 21 1992</b>
A.	B.	C.	D.
E.	F.	G.	H.

VS-11 (REV. 3-91)

MAKE NO ERASURES, WHITOUTS, OR OTHER ALTERATIONS

H459565

## CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA  
COUNTY OF SANTA CLARA

DATE ISSUED

JAN 21 1992

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, DEPARTMENT OF PUBLIC HEALTH.

STEPHEN A. CORAY, MD  
HEALTH OFFICER AND LOCAL REGISTRAR  
OF BIRTHS AND DEATHS

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Klamath County Title Co the 20th day of Sept A.D., 19 94 at 3:21 o'clock P.M. and duly recorded in Vol. M94 of Deeds on Page 29657

Evelyn Biehn County Clerk

By Pauline Mullens

FEE \$20.00